|  |   |  |                                |  |                           |                                   |         | Application or Docket Number |                        |          |                     |     |                  |
|--|---|--|--------------------------------|--|---------------------------|-----------------------------------|---------|------------------------------|------------------------|----------|---------------------|-----|------------------|
|  | PATENT  | APPLICATIO                                 |                                | _  |                           |                                   |         |                              |                        |          |                     |     |                  |
| Effective October 1, 2000                        |   |  |                                |  |                           |                                   |         | 09,678335                    |                        |          |                     |     |                  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |  |                                |  |                           |                                   |         | EMALL S                      |                        | OR       | OTHER<br>SMALL      |     |                  |
| TOTAL CLAIMS                                     |   |  |                                |  |                           |                                   |         | RATE                         | FEE                    |          | RATE                | F   | Ē                |
| FOR  |   |  | IOMERFILEO                     |  | MAGER EXTRA               |                                   |         | BASIC PEC 355.00             |                        | OR       | BASIC FEE           | 710 | 100              |
| TOTAL CHARGEABLE CLAIMS                          |   |  | 1.2 minus 20-                  |  |                           |                                   |         | X5 9-                        |                        | OЯ       | X\$18-              |     |                  |
| NOSPEROBIT CLARIS                                |   |  | 3 minus 3 =                    |  |                           |                                   |         | X40=                         |                        | OR       | 200-                |     |                  |
| ~  | THE DEPON   | DENT CLAIM P                               | ESENT                          |  |                           |                                   |         | +135=                        |                        | 08       | 4270=               | 1   |                  |
| " If the difference in column 1 is loss than are |   |  |                                |  | ro, enter "o" in column 2 |                                   |         | TOTAL                        |                        | OR       | TOTAL               | 210 | .00              |
| CLAMS AS AMENDED - PART II                       |   |  |                                |  |                           |                                   |         |                              |                        | <b>.</b> | OTKER               |     |                  |
| Y  | ·24-03  | (Cotomn 1)                                 | (Column 2) (Column 3)          |  |                           |                                   |         | SMALL                        | YIITKS.                | OR       | SMALL               | EMT | 17               |
| HENDHENT A                                       |   | REMARKS<br>REMARKS<br>AFTER<br>AMERICALENT |                                | MOHEST<br>MARKER<br>PREVIOUSLY<br>PAID FOR |                           | PRESENT<br>EXTRA                  |         | RATE                         | ADOI-<br>TIONAL<br>FEE |          | RATE                | 110 | EE<br>HAT<br>IQH |
| B  | Total   | 12   | Mires                          |  |                           | ·2                                |         | X\$ 0=                       |                        | ОЯ       | X\$18=              | N   |                  |
| 慢  | Independent   | :3   | Minus                          |  | <u>'</u>                  |                                   | Н       | X40-                         |                        | OR       | X20-                | V   | •                |
| ┞  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                                |  |                           |                                   |         |                              |                        | OR       | +270-               | M   |                  |
|  |   |  |                                |  |                           |                                   |         | TOTAL<br>ADDIT, PET          |                        | OR       | TOTAL<br>ADOIL FEE  | H   | _                |
| _5   | 5-25-05 (Column 1) (Column 2) (Column 3)  |  |                                |  |                           |                                   |         |                              |                        |          | AUIL PEE            |     |                  |
|  |   | ROMBON                                     |                                | 183  |                           | PRESENT                           | 11      |                              | ADO+                   |          | •                   | AD  | Oi-              |
| OMEN B   | -   | AFTER<br>AMENOMENT                         |                                | PAG  | FOR                       | ENTRA                             |         | RATE                         | TIONAL                 |          | RATE                |     | NAL<br>EE        |
| Ę  | Total   | 12   | Minus                          | -2   | 2                         | •                                 |         | X2 0=                        |                        | ОЯ       | X\$18=              |     |                  |
| Ħ  | independent<br>EDOT DOCCE   | TATION OF IS                               | Minus                          | *** /                                      | <u> </u>                  | ·~                                |         | X40=                         |                        | ÓЯ       | X250=               |     |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM   |   |  |                                |  |                           |                                   | ۱       | +135=                        |                        | OS       | +270=               |     |                  |
| 7)   | m/M   |  |                                |  | •                         |                                   |         | ADDIT, FEE                   |                        | OR       | TOTAL<br>ADDIT, FEE |     |                  |
| 01   | 241 W   | (Column 1)                                 |                                |  | m 2)                      | (Column 3)                        |         | •                            |                        |          |                     |     |                  |
| DIT C.   |   | CLAMS<br>REMARKING<br>AFTER<br>AMERICANDIT |                                | MAREN<br>PREVOUSLY<br>NUMBER               |                           | PREMEDIT<br>EXTRA                 |         | RATE                         | ADÓI-<br>TIONAL<br>FEE |          | RATE                | TIO | NAL<br>EE        |
| MENDE  | Total   | .12  | Mary                           | -0   | 20                        |                                   |         | X\$ 8=                       |                        | OR.      | X\$18x              | F   |                  |
|  | Independent   | · 'CS                                      | Micros                         |  | <u>る</u>                  |                                   |         | X40=                         |                        | OR       | XX0=                |     | T                |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT GLAIM  |  |                                |  |                           |                                   |         |                              | 1-+                    |          |                     | H   | T                |
| ٠.   | * Of the eatry in column 1 in team then the entry in column 2, ecter 'V' in column 3. ** If the "Highest Number Proviously Paid For" M THIS SPACE is been then 20, were "20." |  |                                |  |                           |                                   |         |                              | <b>!</b>               | OR       | +270=<br>YOTAL      | Ļ   | +                |
| =  | li the 10ghad his<br>Il this 70ghad Mi  | aber Proviously P<br>mber Proviously P     | ald For M THE<br>ald Far M THE | S SPACE<br>S SPACE                         | iş inan Um<br>is ivçs Tu  | a 20, eres "21.<br>» 3, eres "3." |         | total<br>Noorl Fee           |                        | OR       | addit, fee          | _   | 1                |
|  | The Yighest No.   | der Prenieusly Pe                          | d For (Red o                   | r Independ                                 |                           | Nighood records                   | <b></b> | nd is the q                  | persoriale be          | z jo 00  | luma I.             |     |                  |

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